PRINTED: 12/27/2013 FORM APPROVED

Indiana State Department of Health

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 275 W 12TH ST PERU, IN 46970 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG SULLATORY OR LSC IDENTIFYING INFORMATION) S 000 INITIAL COMMENTS JCAHO Surveyor: 33212 Facility Number: 005062 Type of Survey: State Licensure Off Site JCAHO Accreditation Survey Date of JCAHO On Site Survey - Hospital full survey 6/24-25/2013 Date of ISDH off site review - 12/27/2013 Reviewer/Surveyor -Nancy Otten, RN, PHNS Based on review of the 6/25/ 2013 JCAHO Accreditation Survey Report, it has been determined that Dukes Memorial Hospital meets the requirements for Hospital Licensure in Indiana for 2013.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SURVEY COMPLETED				
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE